

## CALIFORNIA OPTOMETRIC ASSOCIATION PAYMENT AUTHORIZATION FORM

## Credit Card/Checking ACH Direct Payments

			Update Information	n □ New Enrollment
MEMBER INFORMATION				
Name:				
Last Home Address:	First		M.I.	LICENSE #
City:				Zip Code:
Telephone:				
**E-mail address for electronic stat				
E-mail address for electronic state	ements.			
redit Card Option				
☐ Yes, I authorize COA to charg	ge my credit card f	or my full an	nnual COA members	ship dues.
<ul> <li>Yes, I authorize COA to charge Charges will be in Jan, Apr, .</li> <li>Yes, I authorize COA to charge Charges will be on the 10<sup>th</sup> o</li> <li>Visa □ MasterCard □ American</li> </ul>	July, and Sep. ge my credit card n of each month	monthly insta	•	•
☐Business ☐ Personal Credit Card #	<b>#</b> _		CVC	Expiration Date:
Name on Card:				
Business Name (if applicable):				
Billing Street Address:				
City:		State:		Zip Code:
Signature:	Date:			
<i>z</i>				
☐ Yes, I authorize COA to initia installments equal to one twe origination of ACH transaction debited within the first week	olfth of my total and ns must comply wit	nual COA me	embership dues. I a	cknowledge that the
Fax or mail a voided check with yo	ur ACH authorization f	orm.		
Name(s) on Checking Account:				
<ul> <li>Business Name on Checking Account</li> </ul>	nt (if applicable):			
<ul><li>Routing Number:</li></ul>		Account	Number:	
Signature:			Date:_	
Tol		PTOMETRIC ASSOCIA Sacramento CA (916) 441-3990 •	95618	
Form Rec'd			MEMBER ID#	